

## State of Rhode Island

## **Department of State - Business Services Division**

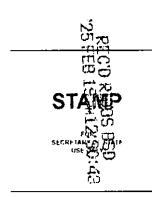
Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2 Exact name of the Limited Liability Company			
001726424	Sacrifice For Success LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
541611	management i. Consulting			
5. State of Formation	Ministration of Consoliting			
RI				
6. Principal Office Address		City	State	Zip
30 Victoria St.		Providence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
marquiste Lema		owner		
Street Address		City	State	Zip
30 lictoria St.		Providence	RI	02909
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person			Date 1 and 3 c	
Marquitie Le	rma		02/19/ds	
Signature of Authorized Person  Wywiste Zena				

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BY DRROZ

MAIL TO:

**Division of Business Services** 

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